

Palliative Care Integration within Primary Health Care in South Africa

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Why integration to PHC?

Primary health care services:

- involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology

Source: Fry D, Furler J 2000

Why integration to PHC? cont...

- **Primary health care philosophy:**

- ✓ Holistic understanding of health
- ✓ recognition of multiple determinants of health
- ✓ community control over health services
- ✓ health promotion and disease prevention
- ✓ equity in health care
- ✓ research-based methods
- ✓ accessible, acceptable, affordable technology

National strategies

- South Africa National HIV/AIDS/STD Strategic Plan (2000 - 5)
- Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa 2003
- Strategic Priorities for the National Health System (2004 - 9)

The rationale for strengthening Palliative Care in PHC

- Rural and under-served provinces mostly without palliative care services
- Community palliative care provision patchy
- Need for *comprehensive* community palliative care – i.e. broad range of services in one location - currently none in PHC clinics

Current palliative care status in SA

Table 1 Distribution of palliative care service providers by province

Province	Number of providers	Demographics of province
		Rural communities (%)
Western Cape	24	11
Gauteng	16	3
Free State	15	31
Kwa-Zulu Natal	14	57
Eastern Cape	10	63
Mpumalanga	4	61
North West	3	65
Northern Cape	3	30
Limpopo	0	90

No of providers: HPCA website; Demographic stats: Census in brief, 2001;

Why integrated community palliative care (ICPC) model?

Goals of the Model

To implement a community-based palliative care service to address care needs, particularly, but not exclusively, for people living with HIV and AIDS, within a family-centred approach of care.

Goals (cont...)

- To establish palliative care at Primary Health level as an entry point to services in HIV and AIDS, and for other chronic life-limiting illnesses

Goals (cont...)

- To create a **comprehensive system** of care which includes palliative care
 - To enable access to prevention, care, palliative care and treatment
 - To identify and treat treatable problems
 - to “mainstream” palliative care as part of the public health care services

Guiding principles for ICPC

- Holistic
- Comprehensive
- Family-centered
 - Integrated
- Sustainable

Targets for ICPC

- Clients (PLWHA)
- Family (support network)
- Service providers
- Systems
- Environment



Objectives

To provide an outpatient palliative :

- pain and symptom management
- emotional
- psychological
- social and spiritual needs.

Objectives (cont...)

To provide wellness service focusing on:

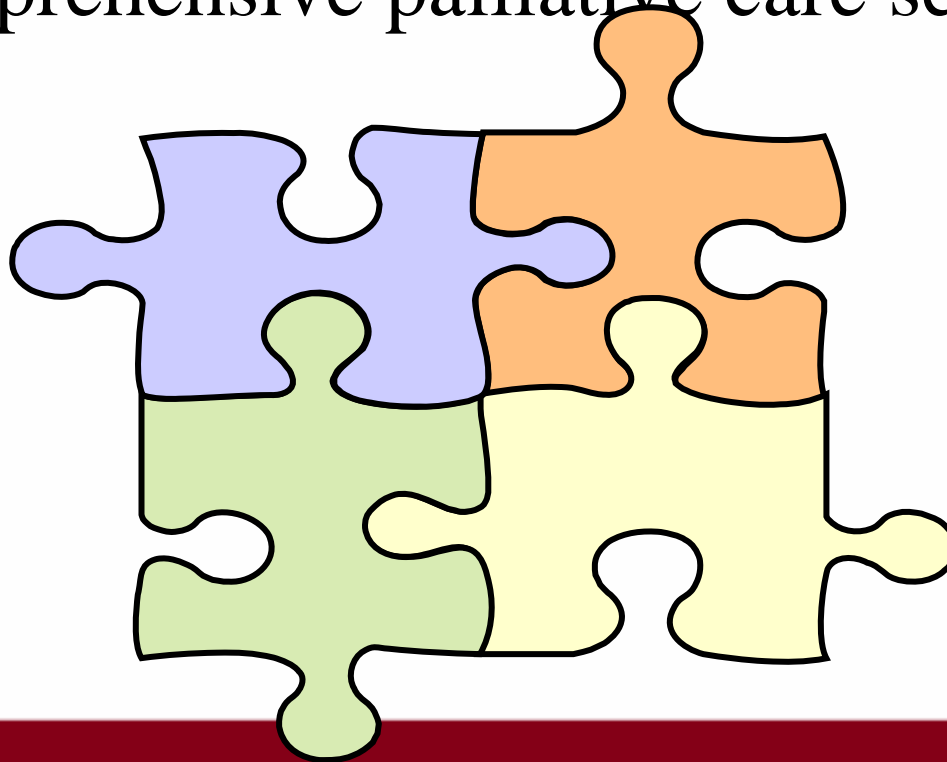
- respite for carers/family of clients attending the outpatient clinic
- a day care centre for people living with HIV and AIDS
- strengthening PLHA support group activities with specific programmes in positive living.

Objectives (cont...)

- To provide access to physical rehabilitation
- To nutrition advice and support within the centre
- To strengthen referral networks and coordination within the centre itself,
 - ~ with local and district health sectors
 - ~ with social welfare
- for needs such as social welfare grants, legal support, spiritual support, counselling and testing.

Objectives (cont...)

To strengthen integration between public health system and community for provision of comprehensive palliative care services



Objectives (cont...)

To build the **capacity of the service providers** in the public health system and the community to provide palliative care



Flow Chart

Long- term Objectives

- demonstrate an improvement in quality of life for people with chronic life-limiting illnesses
- provide lessons learned and opportunities for skills transfer in replicating the model

Challenges

- Lack of palliative care awareness and knowledge
- Many competing priorities in provinces
- Lack of palliative care skills and awareness
- Paediatric palliative care
- Lack of supervision
- Lack of training
- Lack palliative care standards
- Lack of quality indicators
- Funding

Lessons learned

- Palliative care still unknown concept
- Need for considerable training for professional staff.
- lack of knowledge about the epidemic
- Lack of adequate knowledge about care needs
- Low uptake for VCT for youth
- Youth friendly services underdeveloped
- Limited linkage with the community
- Lack of management skills at local level
- Opioids available at PHC

Acknowledgement

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Thank You